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MAY 16 2014

AT 8:30 _____ M
WILLIAM T. WALSH CLERK

UNITED STATES DISTRICT COURT

DISTRICT OF NEW JERSEY

CAMDEN VICINAGE

ELIZABETH LIGGON-REDNING

Plaintiff

v

Civil Action No.

VIRTUA VOORHEES

JANE DOE NURSE, LOIS

WOODCOCK, MARY EADLINE

SOCIAL WORKERS et al.

Defendants

COMPLAINT

In 2013 the Plaintiff went to Virtua Voorhees Hospital Emergency Room, complaining of Chest Pains she was admitted, then they released her failing to diagnose a Total Blockage of an artery in her heart. The Plaintiff complained to hospital administrators to the best of the Plaintiffs knowledge and belief nothing was done about it.

Then again on March 15, 2014 the Plaintiff again went to Virtua Voorhees Emergency Room complaining of a stomach ache,

she was admitted, she woke up in the ICU on life support, she remained in the hospital for two weeks. One of her Doctors said she should be sent to a Rehab facility upon discharge. She told the Social Worker that she wanted to go to a rehab.

The Social Worker said I could not go because she had told the rehab that I had a pending Landlord Tenant Matter and for that reason I could not go to a rehab. Subsequently I won the matter, however no matter what the outcome of that case I have more than one residence. I complained to hospital personnel and was told I could go home I appealed that decision and was threatened by a nurse that I could not wait for the outcome of my appeal if I did not leave she was going to call the Police and have me arrested for trespassing she called a cab and threw me out of the hospital in the rain in hospital scrubs and thongs. She would not even allow me to wait for clothing and shoes.

I went to my Surgeons Office to have my stitches removed my Doctors asked me what happened, I was supposed to go to rehab. I again complained to hospital personnel nothing was done. The Plaintiff had to have a second surgery which she feels she may not have had to have had she not been mistreated by employees/personnel at Virtua Voorhees. The Plaintiff believes she was treated in this manner because of her race African American.

PARTIES

E.L. Redding

P.O.Box 702

Voorhees, NJ. 08043

Virtua Voorhees Hospital

Voorhees NJ. 08043

Jane Doe Nurse

Lois Woodcock Social Worker

Mary Eadline

Virtua Voorhees Hospital

Voorhees,NJ. 08043

JURISDICTION

The Federal Courts have Jurisdiction over Discrimination Cases and Medical Malpractice Cases

CAUSE OF ACTION

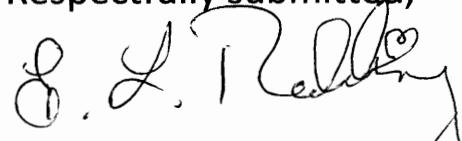
The Plaintiff felt after being mistreated a second time at Virtua Voorhees Hospital, this was not an accident they exhibited a pattern of mistreating minorities.

DEMAND

The Plaintiff Prays the Court will allow a Jury Trial and Two and One Half Million Dollars in Punitive and Compensatory

Damages.

Respectfully submitted,



E.L.Redding



Voorhees Hospital

Gary L Long, FACHE

Senior Vice President

Fax: 856-247-3219

April 3, 2014

Ms. Elizabeth Liggon-Redding
PO Box 702
Voorhees, NJ 08043

Dear Ms. Liggon-Redding,

Thank you for your feedback regarding your recent hospitalization visit at Virtua – Voorhees. Please be assured that we take your comments very seriously.

The concerns you expressed were reviewed by Bonnie Olewnik, Director of Case Management. She states that we followed the Medicare appeal process. Medicare made the decision that you did not meet inpatient criteria and therefore you were given another 24 hours notice to make your discharge arrangements.

Our goal is to meet your healthcare needs in a caring environment. It is through feedback such as yours that we can continue to grow and improve in our community.

I hope that you are doing well. We appreciate you choosing Virtua - Voorhees in the past and hope that you will allow us the opportunity to rebuild your trust. If there is anything that I can do for you in the future, please feel free to contact me directly at (856) 247-3202.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Gary L. Long".

Gary L. Long, FACHE
Senior Vice President
Population Health Management

Elizabeth Liggon-Redding

PO BOX 702 Voorhees

New Jersey, 08043

April 25, 2014

Health Care Strategies, Inc.

557 Cranberry Road, Suite 22

East Brunswick

New Jersey ,08816-5419

RE: Appeal Claim Key 11030678

Dear Sir/Madam:

I do wish to Appeal how I was treated by Virtua Voorhees. This is not the first Malpractice I have experienced at this Hospital. I feel it was racially motivated then and now!

They sent me home with a Failure to Diagnose a completely blocked artery in my heart!

This time someone in the Social Work office told the Rehabilitation facility they contacted that I was in the Process of being evicted.

Well guess what, I have more than one address, I am sure I have thrown away more than the people who were evidently looking down their nose at me will ever obtain in two lifetimes!

This is what happened during my 3-15-14 Admisssion:

One of my Physicians told me to ask my nurse to dress my wound. She said" Why didn't he do it," and treated me badly the rest of that day when she came back the next day and they began to write her name to be my nurse I requested not to have her because of how she treated me the previous day.

It was all down hill from there. The Social Worker decided to lie about my treatment and say my doctor said it was alright for me to go home when before she decided to tell someone my personal business, the doctor said he wanted me to go to a rehabiltation facility. When I went to my Surgeons Office he said in front of my care giver (a witness) I was supposed to be in rehab what happened. I had to have a second surgery, thank God I did not have to go back to Virtua Voorhees the second surgery was done a Virtua Marlton, thank God.

Let me tell you, Virtua Voorhees can try to sweep this second malpractiice incident under the rug, it will be the

bigest mistake they will ever make. I Malpractice and Discrimination based on Race and Disiblity. I will ask for 2.5 Million in Punitive and Compensatory damages!

Now this time I want something done to my satisfaction! Some kind of consent degree that they won't mistreat any more People of Color or disabled individual both protected classes

Ask them have they ever threatened to call the Police on any Caucasion person who was trying to excercise their right to appeal?

Respectfuly submitted,

E. L. Redding

E. L. Redding

Nursing Supervisor
Carmel Thompson

Social Workers

Lois Woolcock
Mary Endline

WELCOME TO OUR OFFICE

**Dr. Linda Barney St. Martin
Dr. Gregory K. Ng**

PODIATRIC MEDICINE AND SURGERY

Name _____ Soc. Sec. No. _____

Date of Birth _____ Age _____ Male Female Marital Status _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address: _____

Height _____ Weight _____ Shoe Size _____

Name of Spouse or Parent _____

Emergency Contact (Name & Phone) _____

How were you referred to the office? Patient _____ Dr. Office _____ Other _____

Your Family Doctor _____ Date of Last Visit _____

Your Family Dr. Address _____ Phone _____

Pharmacy Name & Phone Number _____

Employer _____ Employer Phone Num _____

Employer Address _____ Your Position _____

Is this condition work related? Yes No Did this injury occur at School Yes No

Is this condition auto related? Yes No Injury or Trauma? Yes No

INSURANCE INFORMATION

Name of Insurance _____ Policyholder _____

Policyholder Birth Date _____ Policyholder Soc. Sec. No. _____

Policyholder address _____

Relationship to Patient _____ Policyholder Employer _____

Employer Address _____

Employer Contact & Phone Number _____

Name: _____ Patient's Age: _____ Date: _____

CHIEF COMPLAINT - What brought you to the doctor today?
_____Is this condition work related? Yes No Did this injury occur at school? Yes NoIs this condition auto related? Yes No Injury or Trauma? Yes No

Date of Injury: _____

Type of Problem

<input type="checkbox"/> Corns, Callous, Nails	<input type="checkbox"/> Fracture/Sprains	<input type="checkbox"/> Warts, Tumors	<input type="checkbox"/> Bunions, Hammertoes
<input type="checkbox"/> Diabetic Foot Care	<input type="checkbox"/> Ingrown Nail	<input type="checkbox"/> Ankle Pain	<input type="checkbox"/> Neuroma or Nerve Pain
<input type="checkbox"/> Other	<input type="checkbox"/> Injury	<input type="checkbox"/> Numbness	

When did the pain start? _____ Describe Pain. _____

Where does it hurt? _____ When does it hurt? _____

Previous episodes? _____ Previous treatment and response? _____
_____**Past Medical History** Do you have a history of any of the following?

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Tumors
<input type="checkbox"/> Heart/Circulation Trouble	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer
<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Ulcers	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Rheumatism/Arthritis	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Anemia	<input type="checkbox"/> Drug Abuse
<input type="checkbox"/> Bleeding Tendencies	<input type="checkbox"/> Thyroid Disease	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Gout
<input type="checkbox"/> Leg Cramps	<input type="checkbox"/> Mitral Valve Prolapse		<input type="checkbox"/> Osteoporosis	

Past Surgical History Have you had any surgery before? Yes NoIf yes, please list procedure and date _____

Allergies Do you have any allergies to medications? Yes No
 NSAIDS Penicillin Sulfa Codeine Aspirin
 Novacaine Anesthetics Iodine Adhesives Metal or Nickel
 Environmental Other: _____ Type of reaction _____
Are you allergic to latex products? Yes No

Medications List all prescription medications you take; include dosage and frequency. Insulin, inhaler, and patches should be included here.

List all non-prescription medications you take routinely _____

Name: _____ Date: _____

Social History Marital Status _____ Children _____ Patient's Age _____Do you or have you ever smoked? Yes No How Much _____Do you drink alcohol? Yes No How Much _____

What type of job do you have? _____

Family History List illnesses or health issues.

In whom:

Father _____ Mother _____

Siblings _____ Children _____

Review of Systems Please check if you have any of the following**CONSTITUTIONAL**

- Fever
- Weight loss
- Lethargy

GENITOURINARY

- Frequency
- Blood in urine
- Abnormal urine color
- Painful urination
- Awaken to urinate
- Unable to fully empty bladder
- Incontinence

NEUROLOGICAL

- Headache
- Fainting
- Dizziness
- Memory loss
- Numbness

ENDOCRINE

- Night sweats
- Thyroid disease
- Diabetes
- Heat/Cold intolerance
- Frequent urination
- Frequent thirst

CARDIOVASCULAR

- Shortness of breath
- Chest pain (angina)
- Heart palpitations
- Heart attack
- Stroke
- Cold extremities
- Hypertension
- CHF

MUSCULOSKELETAL

- Pain -
 - Muscles Neck
 - Back Hips
 - Knees Ankles Feet
- Limited range of motion
- Limited strength
- Arthritis
- Gout

INTEGUMENTARY

- Rash
- Itching
- Dry Skin
- Toenail/Fingernail changes

GASTROINTESTINAL

- Pain
- Diarrhea
- Constipation
- Blood in stool/dark stool
- Mucus in stool
- Nausea
- Vomiting
- Vomit blood
- Heartburn
- Change in stool
- Food intolerance
- Loss of appetite
- Yellow eyes or skin

HEMATOLOGIC/LYMPHATIC

- Easy bruising
- Anemia
- Blood abnormalities
- Blood thinners
- Lymph node enlargement

Unmarked box indicates that the patient denies this problem.

Physician Review _____ Date _____



**LINDA BARNEY ST. MARTIN, D.P.M., ABPOPPM
GREGORY K. NG, D.P.M.**
Podiatric Medicine & Surgery

496 Cooper Road — Voorhees, NJ 08043
Telephone: (856) 783-9690, Fax: (856) 627-7939

HIPPA COMPLIANCE

I _____, have received the Notice of Privacy
(PRINT YOUR NAME)

Practices and I have been provided an opportunity to review it.

Patients Signature

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, acknowledgement could not be obtained for the following reason:

- Patient refused to sign
- Communication barriers prohibited the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement.
- Other (Specify) _____

Witness Initials: _____